## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004                     |                                                                               |                                             |                                                                     |                                                 |                  |                                  |   |                    | 10/ 58/,935            |    |                     |                        |  |
|------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|------------------|----------------------------------|---|--------------------|------------------------|----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                               |                                             |                                                                     |                                                 |                  |                                  |   | SMALL EN<br>TYPE   |                        | OR | OTHER               | R THAN                 |  |
| U.                                             | S. NATIONAL                                                                   | STAGE FEES                                  |                                                                     |                                                 |                  |                                  |   | RATE               | FEE                    | 7  | RATE                | FEE                    |  |
| BASIC FEE                                      |                                                                               |                                             | SMALL ENT.                                                          | SMALL ENT. = \$ 150                             |                  | GE ENT. = \$ 300                 | 1 | BASIC FEE          |                        | OR | BASIC FEE           | 300                    |  |
| EXAMINATION FEE                                |                                                                               |                                             | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                  |                                                 |                  | ther situations = 100 / \$ 200   |   | EXAM. FEE          |                        |    | EXAM. FEE           | 200                    |  |
| SEARCH FEE                                     |                                                                               |                                             | U.S. is ISA = \$50/\$ 100<br>ALL other countries =<br>\$ 200/\$ 400 |                                                 |                  | ther situations = 5 250 / \$ 500 |   | SEARCH FEE         |                        |    | SEARCH FEE          | 400                    |  |
| FEI                                            | FOR EXTRA                                                                     | SPEC. PGS.                                  | minus 100 =                                                         |                                                 |                  | / 50 =                           |   | X \$ 125 =         |                        |    | X \$ 250 =          |                        |  |
| то                                             | TAL CHARGEA                                                                   | BLE CLAIMS                                  | 32 minus 20 =                                                       |                                                 | • /              | 12                               |   | X \$ 25 =          | ·                      | OR | X \$ 50 =           | 600                    |  |
| IND                                            | EPENDENT CI                                                                   | _AIMS                                       | 4.                                                                  | inus 3 =                                        | •                | 2-1                              |   | X \$ 100 =         |                        | OR | X \$ 200 =          | 300                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT               |                                                                               |                                             |                                                                     |                                                 |                  |                                  |   | + \$ 180 =         |                        | OR | + \$ 360 =          |                        |  |
| * 11                                           | * If the difference in column 1 is less than zero, enter "0" in column 2      |                                             |                                                                     |                                                 |                  |                                  |   | TOTAL              |                        | OR | TOTAL               | 1700                   |  |
|                                                | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                             |                                                                     |                                                 |                  |                                  |   | SMALL E            |                        | OR | OTHER<br>SMALL E    | ENTITY                 |  |
| AMENDMENT A                                    |                                                                               | REMAINING<br>AFTER<br>AMENDMENT             |                                                                     | NUMB<br>PREVIOU<br>PAID F                       | ER<br>USLY       | PRESENT<br>EXTRA                 |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                | Total                                                                         | •                                           | Minus                                                               | **                                              |                  | =                                |   | X \$ 25 =          |                        | OR | X \$ 50 =           |                        |  |
|                                                | Independent                                                                   | *                                           | Minus                                                               | ***                                             |                  | =                                |   | X \$ 100 =         |                        | OR | X \$ 200 =          |                        |  |
|                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                             |                                                                     |                                                 |                  |                                  |   | +\$ 180 =          |                        | OR | + \$ 360 =          |                        |  |
|                                                |                                                                               |                                             | FEE                                                                 |                                                 | OR               | TOTAL ADDIT.<br>FEE              |   |                    |                        |    |                     |                        |  |
|                                                |                                                                               |                                             |                                                                     | -                                               |                  |                                  |   |                    |                        |    |                     |                        |  |
| AMENDMENT B                                    |                                                                               | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                                                     | (Column<br>HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ST<br>ER<br>JSLY | PRESENT<br>EXTRA                 |   | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                | Total                                                                         | •                                           | Minus                                                               | **                                              |                  | =                                | ſ | X \$ 25 =          |                        | OR | X \$ 50 =           | ·                      |  |
|                                                | Independent                                                                   | *                                           | Minus                                                               | ***                                             |                  | =                                |   | X \$ 100 =         |                        | OR | X \$ 200 =          |                        |  |
|                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |                                             |                                                                     |                                                 |                  |                                  |   | +\$ 180 =          |                        | OR | + \$ 360 =          |                        |  |
|                                                | ····                                                                          |                                             |                                                                     |                                                 |                  |                                  |   | OTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE |                        |  |
|                                                |                                                                               |                                             |                                                                     | •                                               |                  |                                  |   |                    |                        |    |                     |                        |  |
|                                                | If the entry in colu                                                          | mn 1 is less than the                       | e entry in column ?                                                 | write "O" in                                    | column           | 3.                               |   |                    |                        |    |                     | :                      |  |
| **                                             | If the "Highest Nu                                                            | mber Previously Pai<br>mber Previously Pai  | d For IN THIS SPA                                                   | CE is less t                                    | han 20           | ', enter "20".                   |   |                    |                        |    |                     |                        |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.